GEORG		BLISH	IM	EN	I TI	INSPECT	ION		G	ary W.	Blac	ck
	TMENT FOOD ESTA	RE								MMIS		
OF AU			Nc		f D	ick Factor	/Intorwon	tion		VIIVIIS		NEK
	FOOD SAFETY DIVISION		No. of Risk Factor/Intervention Violations							Dat	e 07/	/31/20
1776	19 Martin Luther King Jr. Drive Room 306		F	No. of Repeat Risk Factor/Intervention Violations					0	Tin I		:45 A
	Atlanta, GA 30334		Good Retail/Manufacturing							Tin	20	:00 A
							Practic			Ou	it 10	.0011
	ment Address				Stat		Zip Code					
EMOR Y EMPOR			AILA			TA, GA 30322 ((828) 773-3292			
Establishment License Holder				1			Est.	Risk Category				
# 4370533	BON APPETIT MANAGEMEN COMPANY	Т		Inspection Regular			Туре 305					
	FOODBORNE ILLNESS RISK FA	CTORS	A	ND) PL	JBLIC HE	ALTH I	NTE	RVE	NTION	٧S	
RISK F.	ACTORS are important practices or p						most pre	vale	nt con	tributi	ing fo	actors
DI		borne il					ment foo	dha				
	BLIC HEALTH INTERVENTIONS ompliance OUT=not in compliance					<i>ures to pre</i> corrected						
	observed N/A=not applicable	IN/U–II	οι	C	55-	-conecteu		latic		ection	κ-	-iepea
Complia	ance Status	COSI	2 0	Cor	npl	iance Stat						COS
i	Supervision				•		ction from	n C	ontan	ninatio	on	
1 IN F	Person in charge present, demonstrates		1.	5	IN	Food sepa	rated and	l pro	otected	ł		
k	mowledge, and performs duties				IN	Food-cont						
2 IN 0	Certified Food Protection Manager		\downarrow			sanitized						_
	Employee Health		_ 1'	7 N		Proper dis						
	Management, food employee and					previously unsafe foo		reco	nditic	ned &		
	onditional employee; knowledge, esponsibilities and reporting					Time/Ter		ъС	ontro	l for S	afet	v
	Proper use of restriction and exclusion		1	8 N	J/A	Proper co	-					,
	Procedures for responding to vomiting					Proper rel						
	and diarrheal events					holding						
	Good Hygienic Practices					Proper co					re	
	Proper eating, tasting, drinking, or					Proper ho			-			_
	tobacco use			IN Proper cold holding temperaturesN/A Proper date marking and disposition								_
	No discharge from eyes, nose, and nouth					Proper date marking a Time as a Public Healt						_
	Preventing Contamination by Hands		2	4r		procedure			n Con	trol;		
	Hands clean & properly washed		╡┝				Consume		dviso	rv		
	No bare hand contact with RTE food or	,	2	5	IN	Consumer						
	pre-approved alternative procedure					raw/under						
	properly allowed					l	Enforcen	nent	Tact	ics		
	Adequate handwashing sinks properly upplied and accessible		2	6		Withhold						
5	Approved Source		┥┝			Equipmen od/Color					hator	
11 IN F	Food obtained from approved source			7		Food addi						ices
	Food received at proper temperature			11		used	uves. app	piov	eu a	proper	Iy	
13 IN F	Food in good condition, safe, &		2	8	IN	Toxic sub		rope	erly id	entifie	d,	
	Required records available: shellstock					stored, & C onforma		Ann	POVO	Drag	od	•05
	ags, parasite destruction		2	9 N		Complian						es
					1/ 1 1	process/H		unu		oo lulli	lea	
	GOOD RETA	IL/PRC	CE	ESS	SIN	G PRACT	ICES					•
GOO	DD RETAIL/PROCESSING PRACTI							ontr	ol the	introd	luctic	on of
	pathogens, chemic	cals, and	d pl	hys	sica	l objects ir	1to foods.					
N=in co	ompliance OUT=not in compliance observed N/A=not applicable	N/O=n	ot	C	US=	-corrected		urin latio		ection	R=	=repea
7 1 *	ance Status	COSI	2 (Cor	nnl	iance Stat	tus					COS

Compliance Status COSR				omp	nance Status		COSR					
Safe Food and Water				Proper Use of Utensils								
30 N/A	Pasteurized eggs used where required		44	N/0	Utensils, equipment & linens	s: properly						
	Water & ice from approved source				stored, dried, & handled							
32 IN	Variance obtained for specialized		45	N/(Single-use/single-service art	icles:						
	processing methods				properly stored & used							
Food Temperature Control				16 N/O Gloves used properly								
33 IN Proper cooling methods used; adequate					Utensils, Equipment and Vending							
	equipment for temperature control		47	IN	Food & non-food contact sur							
34 IN	Plant food properly cooked for hot				cleanable, properly designed	••						
	holding				constructed, & used							
	Approved thawing methods used		48	IN	e							
36 IN	Thermometers provided & accurate				maintained, & used; test strip	-						
	Food Identification		49	IN	Non-food contact surfaces cl							
37 N/O	Food properly labeled; original			Physical Facilities								
	container		50	IN	Hot & cold water available;	adequate						
	Prevention of Food Contamination				pressure							
	Insects, rodents, & animals not present		51	IN	Plumbing installed; proper backflow							
39 IN	Contamination prevented during				devices							
	preparation, storage & display		52	IN	Sewage & waste water prope							
	Personal cleanliness				disposed	1 1						
	Wiping cloths: properly used & stored	\downarrow	53	IN	Toilet facilities: properly cor supplied, & cleaned	istructed,						
42 N/O Washing fruits & vegetables				IN		isnosed.						
	Proper Use of Utensils		 `'	11,	facilities maintained	1500500,						
43 N/O	In-use utensils: properly stored		55	IN		maintained.	+					
					& clean							
			56	IN	Adequate ventilation & light	ing;						
					designated areas used							
				Required Documents Posted								
					Food sales license and inspe- posted	ction report						
Dargon				D	e rson in	<u> </u>						
	Person in Charge				harge							
Charge (Signature)					Print) Steven Cooper	Date: 07/31	1/2019					
(DIGHA				ì	ead	Date.onsi	1/2017					
(Signature)				spector Christa Bone								
(Signature)					Print) (28030102)	Date:07/31/2019						
					sst.		1/=0					
Asst. Inspector (Signature)					ispector							
					Print)	Date:07/31/2019						
GEOR	GIA EOOD ESTA	DI ICIII	МЕ	NT	INSPECTION G		r					
	RIMENI					ary W. Black						
OF AGRICULTURE REPORT COMMISSIONER												

Establishment Address EMORY 605 ASBURY CIR EMPORIUM					City/State ATLANTA, GA Purpose of			Zip Code 30322	Telephone (828) 773-3292					
EstablishmentLicense Holder#BON APPETIT4370533COMPANY			TIT MANA	T MANAGEMENT				Est. Type 305	pe					
				REJECTED										
Equip	omen	t 1	Area		Reason For Rejection									
			1 1	ECONOMIC O		r i				-1	T			
			#'s Errors		_	#'s	Error		are Weights	_	Errors			
Scanner Verification:				Scales (ackages Weighed	l:				
			1	TEMPERATURE		-					I			
Item/Location		Temp	Item/Locat	ion]	ſemp	Item/Location		'	Temp				
			OBSER	VATIONS AND	CORRE	CTI	VE AG	CTIONS						
Item Number	Vio	lations cited	l in this rep	ort must be correc .4	ted with 1(14) &			frames b	below or as stated	l in 4	0-7-1-			
Remarks		hed. Certifie	ed food prot	tection manager is	s on site.	Foll		routine.	Licensing to be i		ied.			
Person in				-	rsoi									
Charge				<u>. </u>		narg	,	C 4.		07/2	1/2010			
(Signature)				Le	rint) ead spec rint)	ctor	Steven Christa (28030	Bone		1/2019 1/2019				
Asst. Inspector (Signature)					In	s t. spec			Date	07/3	1/2019			